



Complete Summary

TITLE

Asthma care: percent of enrollees with a diagnosis of asthma with at least one inpatient discharge with a principal diagnosis of asthma (MEDDIC-MS SSI).

SOURCE(S)

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS SSI. Medicaid encounter data driven improvement core measure set for SSI managed care. Madison (WI): State of Wisconsin; 2002 Dec 1. 30 p.

Brief Abstract

DESCRIPTION

This measure tracks period prevalence of inpatient care for asthma among Wisconsin Supplemental Security Income (SSI) managed care enrollees.

RATIONALE

This monitoring measure is useful for chronic disease management programs, targeted case management and overall program operations. It also can be used as an adjunct data source for other measures. When the numerator is compared to fee-for-service (FFS) data for the same criteria, it is useful for assessing the relative effectiveness of the FFS and managed care delivery systems with respect to quality of care for chronic conditions, which are sensitive to ambulatory management. Comorbidities are common in the Supplemental Security Income (SSI) eligible population.

As an indicator of the effect of both process and outcome of primary care, the measure has shown that improved access to primary care in managed care has led to more frequent diagnosis of asthma among managed care enrollees than in FFS -- by an approximately two-to-one margin. Meanwhile, utilization of inpatient and emergency department (ED) care for asthma during the same period was roughly half that in FFS during the same period.

PRIMARY CLINICAL COMPONENT

Asthma; inpatient care

DENOMINATOR DESCRIPTION

Supplemental Security Income (SSI) health maintenance organization (HMO) enrollees in each age cohort (15 years of age to age 21 years and over age 22 years) continuously enrolled with the same HMO for at least 304 days immediately prior to the measure end date with no more than one gap in enrollment of not more than 45 days. The enrollee must have a total of not less than 259 enrolled days in the look-back period.

Include unduplicated enrollees in each age cohort with encounter primary diagnosis codes for asthma (International Classification of Diseases, Ninth Revision, Clinical Modification [ICD-9-CM] 493.x).

NUMERATOR DESCRIPTION

The number of enrollees in the denominator with at least one inpatient discharge with a principal diagnosis of asthma

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Outcome

SECONDARY MEASURE DOMAIN

Process

EVIDENCE SUPPORTING THE MEASURE

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Decision-making by consumers about health plan/provider choice
External oversight/Medicaid
External oversight/State government program
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Hospitals
Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age greater than or equal to 15 years*

*In Supplemental Security Income (SSI) expansion, the lower end of the age range may be 18 years, so the measure may be adjusted accordingly.

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Approximately 5% of Wisconsin Medicaid/BadgerCare health maintenance organization/managed care organization (HMO/MCO) enrollees are diagnosed with asthma; the percentage is higher in the Supplemental Security Income (SSI) population.

EVIDENCE FOR INCIDENCE/PREVALENCE

Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 1, 2002 HMO aggregate performance data. Wisconsin Medicaid and BadgerCare programs. Milwaukee (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 31 p.

Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 2, 2002 HMO performance data. Medicaid program data and BadgerCare program data compared. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 25 p.

Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 3, 2002 HMO-specific performance data. Wisconsin Medicaid and BadgerCare programs. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 36 p.

ASSOCIATION WITH VULNERABLE POPULATIONS

Although there remains much to learn about the causes of asthma, it is clear that the increasing severity of the disease in the U.S. is concentrated in urban centers among children who live in poor conditions. These children are more likely to be exposed to allergens and air pollution episodes and to have sporadic medical care. Current research suggests that controlling allergens in the indoor environment, improving urban air quality, and providing access to a primary medical provider for low-income children would do much to reduce rates of asthma.

EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

Childhood asthma. [internet]. New York (NY): Center for Children's Health and the Environment; 2002 [updated 2002 Jun 01]; [7 p].

BURDEN OF ILLNESS

Asthma is a disease of high prevalence and morbidity, with a low but persistent rate of mortality. In the United States, the prevalence of asthma and associated death rates have risen by almost 50% over the past decade.

EVIDENCE FOR BURDEN OF ILLNESS

Homer CJ. Asthma disease management. N Engl J Med 1997 Nov 13;337(20):1461-3. [PubMed](#)

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Supplemental Security Income (SSI) health maintenance organization (HMO) enrollees in each age cohort (15 years of age to age 21 years and over age 22 years) continuously enrolled with the same HMO for at least 304 days immediately prior to the measure end date* with no more than one gap in enrollment of not more than 45 days. The enrollee must have a total of not less than 259 enrolled days in the look-back period.**

Include unduplicated enrollees in each age cohort with encounter primary diagnosis codes for asthma (International Classification of Diseases, Ninth Revision, Clinical Modification [ICD-9-CM] 493.x).

*Measure end date: The last date by which measured services can be rendered to be included in the measure numerator. This is the date from which the look-back period begins. Typically, measure end date is December 31 if a calendar year is to be measured, but it may be any date specified by the Chief Medical Officer according to program needs.

**Measure look-back period: 12 months (365 days) from the measure end date. Services provided prior to enrollment in the HMO are not counted in the numerator. The measure look-back period may vary as specified by the Chief Medical Officer according to program needs.

Measure data extraction date: The date(s) determined by the department for extraction of data from the data warehouse for the purposes of reporting the measure. This will be at least 182 days after the measure end date.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR (INDEX) EVENT

Clinical Condition
Patient Characteristic

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Supplemental Security Income (SSI) health maintenance organization (HMO) enrollees in each age cohort (15 years of age to age 21 years and over age 22

years) continuously enrolled with the same HMO for at least 304 days immediately prior to the measure end date with no more than one gap in enrollment of not more than 45 days. The enrollee must have a total of not less than 259 enrolled days in the look-back period.

Include unduplicated enrollees in each age cohort with encounter primary diagnosis codes for asthma (International Classification of Diseases, Ninth Revision, Clinical Modification [ICD-9-CM] 493.x).

Exclusions
Unspecified

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
The number of enrollees in the denominator with at least one inpatient discharge with a principal diagnosis of asthma

Refer to the original measure documentation for International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Diagnosis-Related Group (DRG), Current Procedure Terminology (CPT), and Uniform Billing-92 (UB-92) codes.

Exclusions
Unspecified

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Institutionalization

DATA SOURCE

Administrative data

LEVEL OF DETERMINATION OF QUALITY

Not Individual Case

OUTCOME TYPE

Proxy for Outcome

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a lower score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

Two age cohorts are reported:

- 15 years of age to age 21 years*
- Over age 22 years

*In Supplemental Security Income (SSI) expansion, the lower end of the age range may be 18 years, so the measure may be adjusted accordingly.

STANDARD OF COMPARISON

External comparison of time trends

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

This measure was tested and validated by an independent third party and subject to internal review in 2002 for Medicaid Encounter Data Driven Improvement Core Measure Set (MEDDIC-MS). Modifications made to base measure for Supplemental Security Income (SSI) do not affect measure accuracy or validity.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Innovative Resources Group (IRG). Measure testing/validation reports for MEDDIC-MS. Brookfield (WI): Innovative Resources Group (IRG); 2002.

Identifying Information

ORIGINAL TITLE

Asthma care. Asthma inpatient care.

MEASURE COLLECTION

[MEDDIC-MS \(Medicaid Encounter Data Driven Improvement Core Measure Set\). Rapid-cycle performance improvement measures system for Medicaid managed care.](#)

MEASURE SET NAME

[MEDDIC-MS SSI \(Medicaid Encounter Data Driven Improvement Core Measure Set for Supplemental Security Income\). Measures applicable to SSI managed care population.](#)

MEASURE SUBSET NAME

[Monitoring Measures -- SSI](#)

DEVELOPER

State of Wisconsin, Department of Health and Family Services

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2002 Dec

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS SSI. Medicaid encounter data driven improvement core measure set for SSI managed care. Madison (WI): State of Wisconsin; 2002 Dec 1. 30 p.

MEASURE AVAILABILITY

The individual measure, "Asthma care. Asthma inpatient care," is published in "Medicaid Encounter Data Driven Improvement Core Measure Set for SSI Managed Care (MEDDIC-MS SSI)."

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NQMC STATUS

This NQMC summary was completed by ECRI on May 25, 2004. The information was verified by the measure developer on May 27, 2004.

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